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ABSTRACT

Intended for public school administrators, teachers, and speech and hearing clinicians, the document contains guidelines for setting up programs to implement the statewide mandatory special education plan for hearing impaired children in Indiana. Outlined are procedures to follow in comprehensive programing for the following categories of the hearing impaired: infants (ages 6 months - 2 years), preschool (ages 2-5 years), hearing impaired (ages 6-21 years), and multiply handicapped hearing impaired (ages 6 months - 21 years). The document is devoted to detailing the components, administrative organization, programing, child placement procedures, facilities, groupings, certification, and other administrative aspects of educational programs for each of the four categories of hearing impaired children. Additional data on program levels, geographic service areas, and special schools and classes in Indiana are appended, in addition to numerous sample forms and specific facility and certification requirements. (KW)

ED052559

DEPARTMENT OF PUBLIC INSTRUCTION

JOHN J. LOUGHLIN

Division of Special Education

MANDATORY SPECIAL EDUCATION PLAN FOR THE ADMINISTRATION AND IMPLEMENTATION OF PUBLIC SCHOOL PROGRAMS FOR THE HEARING IMPAIRED

1970 Edition

EC 032 718

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FOREWORD

I am recommending to you as teachers of the deaf, administrators and speech and hearing clinicians that you carefully read this booklet prepared under the direction of the State Advisory Committee for the Hearing Impaired and the Department of Public Instruction's Division of Special Education. The booklet sets up a valuable program for implementing a way to help hearing impaired children.

The Department of Public Instruction and myself are interested in this valuable program and will continue full support of it. It is an area worthy of our attention and of our efforts.

John J. Loughlin, Superintendent
Department of Public Instruction

PREFACE

I. Hearing impaired refers to children who have been termed deaf or hard of hearing. These children are those in whom the condition is medically irreversible or requires prolonged medical care.

Children with hearing impairments are those who require a variety of special educational services, placement, and programming determined by the age of onset of the hearing loss, the nature and/or degree of hearing loss, and the ability of the child to function within the group structure. See Appendix D

Definition of Terms:

A. The Deaf: Those children in whom the sense of hearing is non-functional with or without a hearing aid.

1. Congenitally deaf - Children in whom the loss of hearing occurred prior to the acquisition of language skills.

2. Adventitiously deaf - Children in whom the loss of hearing was acquired after the acquisition of language skills.

B. The Hard of Hearing: Those children in whom the sense of hearing, although defective, is functional with or without a hearing aid.

C. The Multiply Handicapped Hearing Impaired: Those children with hearing impairments who have one or more handicapping conditions which interact and result in problems so complex that placement in programs designed for children with single handicaps may not result in significantly meaningful growth and achievement.

II. Classification of Programming:

a.	Infants	(Ages 6 mo.-2 yr.)
b.	Preschool	(Ages 2 yr.-5 yr.)
c.	Hearing Impaired	(Ages 6 yr.-21 yr.)
d.	Multiply Handicapped	(Ages 6 mo.-21 yr.)

INTRODUCTION

In 1969, milestone legislation was enacted under Chapter 396 of the Acts of 1969 which requires all public schools, either alone or jointly, to provide comprehensive programming for all school age handicapped children. A timetable of events was also enacted that by July 1, 1971, a comprehensive plan is to be submitted to the State Department of Public Instruction and reviewed by a Special Education Advisory Council for approval.

With limited financial, manpower, facility, and equipment resources, a difficult, but surmountable, challenge rests with each school corporation to organize prudently, but to ensure quality programming. In working with hearing impaired children, every effort should likewise be made to program with maximum efficiency and effectiveness.

Gratitude is expressed to the Advisory Committee for the Hearing Impaired for the preparation of this booklet. It is expected that many benefits will accrue to hearing impaired children as this information is utilized by school personnel. As such, the Division of Special Education, Department of Public Instruction, is pleased to disseminate this booklet for your library of clinical knowledge.

James R. Alley, Director
Division of Special Education

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GUIDELINES

The Hearing Impaired

1. Population Base - A total school population base of approximately 30,000 may be required in order to serve this category effectively.

2. Joint School Services and Supply Program - If a school corporation is unable to provide an adequate program, it must plan to join with other school corporations in a cooperative program.

3. Grouping Arrangements - A sequential, contiguous progression for each deaf child through no fewer than three of the following seven grouping levels is required.

a.	I	Infants	(Ages 6 mo.-2 yr.)
b.	II	Preschool	(Ages 2 yr.-5 yr.)
c.	III	Primary	(Ages 6 yr.-7 yr.)
d.	IV	Primary Intermediate	(Ages 8 yr.-10 yr.)
e.	V	Intermediate	(Ages 11 yr.-12 yr.)
f.	VI	Junior High	(Ages 13 yr.-15 yr.)
g.	VII	Senior High	(Ages 16 yr.-21 yr.)

A comprehensive program for the hearing impaired consists ideally of all seven grouping levels as listed above. It must be recognized that early training for the deaf child (ages 2-5) is important.

4. Class Size - Class size shall range from no fewer than three to no more than twelve children as determined by the availability of teacher aides and the severity of the handicapping conditions.

5. Para-Professionals - The use of classroom para-professionals is encouraged as per rules and regulations of the Commission on General Education (in preparation).

6. Secondary School Programs - In addition to the regular curricular offerings, the secondary school program for the deaf shall provide opportunities for work study assignments, pre-vocational counseling and training.

7. Special Equipment - Visual aids, auditory training equipment, and acoustical treatment such as carpeted floor, etc. shall be provided.

8. Supervisory Personnel - A qualified supervisor of the hearing impaired certificated as a teacher of the deaf should be appointed to coordinate the program.

EDUCATIONAL PROGRAMS FOR THE HEARING IMPAIRED

1. Infants (6 months-2 years)

2. Preschool Hearing Impaired (2 years-5 years)

3. Hearing Impaired (6 years-21 years)

4. Multiply Handicapped Hearing Impaired (6 months-21 years)

INFANT PROGRAM FOR THE HEARING IMPAIRED
(Six months - two years)

INFANT PROGRAM FOR THE HEARING IMPAIRED
(Deaf and Hard of Hearing)

I. For this age grouping, there are three basic components for services:

A. Preventive care (See Appendix F-I)

B. Hearing testing at periodic intervals (See Appendix F-I)

C. Parental counseling and guidance (See Appendix F-I)

II. A high priority approach to the problem of hearing loss in children is preventive treatment. Prevential aspects of hearing loss have two major dimensions: primary prevention which focuses on the avoidance of events leading to an impairment in hearing; secondary prevention which emphasizes early detection and prompt medical treatment and/or rehabilitation. The application of preventive techniques requires appropriately trained personnel in medicine and related health disciplines, continuing awareness of the subtlety of symptoms of hearing loss and a definite program of education, surveillance and treatment services.

A. PRIMARY (AVOIDANCE) PREVENTION of hearing loss consists of measures related to basic health protection and control of factors specifically responsible for hearing handicap. Basic health protection requires that all pregnant women, infants and children be provided a program of health supervision and medical care. It is only in this perspective that a hearing conservation program and prevention and treatment of hearing loss can occur. To this effect it is important that public funds including those available to the State Board of Health, be utilized for preventive measures such as immunizations, periodic health review and supervision rather than limited to sickness oriented medical care. Education of the public and follow-up attention to women and children who have not had appropriate health care should reside within such an organized county health department group, and be a portion of the Comprehensive Health Plan for Indiana. Increasing awareness that certain pregnant women, infants and children represent a population at "high risk" for complications leading to death or disability indicates that special attention be provided to this group. Since the economically and culturally deprived are especially vulnerable because they often do not or cannot seek out appropriate medical

care, a case finding and follow-up medical program needs to be evolved for this group. Techniques for identification of specific "high risk" individuals, standards of care, financial arrangements, follow-up and, where necessary, appropriate referral to specialized regional medical centers should be some of the operational functions.

High risk groups in this context are defined as follows:

1. Pregnant women at high risk are those whose health condition indicates a complicated pregnancy, or those who have had previous complicated pregnancies, deliveries or have given birth to an infant who has difficulties due to such complications.

2. Infants at high risk include those with real or anticipated complications due to prematurity, prolonged labor, birth trauma, severe anoxia, severe infection or blood group incompatibilities. Appropriate care for such women and infants requires professional personnel and facilities adequate to this purpose; this can best be provided through local organized effort.

3. Children with family histories of hearing impairment.

B. SECONDARY PREVENTION OF HEARING LOSS is concerned with children who have real or probable hearing loss and also with early recognition and the initiation of prompt medical treatment and/or rehabilitation. The objective of such efforts is to eliminate or minimize hearing loss after its presence is detected. Children who require special attention in secondary prevention are among the following:

1. All infants and children with a history of recurrent or chronic ear infection or whose behavior suggests a change in hearing ability as perceived by parents.

2. All children with delayed or defective speech and language or children who do not respond appropriately to sound stimuli.

3. All infants and children with central nervous system infection (encephalitis, meningitis) or trauma and those who had received drugs potentially toxic to the hearing organ.

4. All infants of high risk mothers (rubella exposed, toxemic) or who have had birth or newborn period complications (blood factor incompatibility).

5. Children who need to be carefully watched because of high probability of hearing loss as a complication of a chronic condition such as chronic tonsillitis, sinusitis, or bronchitis, hay fever or asthma, cleft palate, cerebral palsy, congenital deformity of the ear and/or external ear canal.

III. Hearing testing of infants

There are many reasons why it is desirable to test a child's response to sound very early. Among the most important are these: Early discovery of any physical or intellectual condition that deviates from normal will result in better management and greater possibilities of correction of the deviation. In addition, the whole developmental pattern of a child may be affected by a hearing difficulty. The parent who comprehends the importance of language development and the related importance of visual and tactile information will be able to provide the child with a basic foundation of communication as well as help him develop the ability to relate to people; this is an ability which no amount of corrective treatment can achieve. A child who is denied these developmental benefits during his first four years rarely compensates for this lack.

Every child should be examined who exhibits in his personal behavior or family history any unusual conditions or adverse incidents. Indications of parental Rh incompatibility, rubella during pregnancy (or other maternal rashes and infectious diseases during the first trimester of pregnancy), birth injury, prematurity, hearing loss in the parents, siblings, and more distant relatives, and obvious multiple handicaps should make a child subject to as early and thorough an evaluation as possible.

Unfortunately, all conditions predisposing to hearing loss have not yet been identified. Therefore, every child should be examined for possible hearing loss. Arrangements for testing can be more readily made where populations of children are "captive" as in hospital nurseries, infant welfare clinics, doctors' offices, nursery schools, and institutions.

The testing of young children is more difficult than the testing of older children and there is a general lack of organized screening programs for such testing. Appropriate

tests should be used routinely by pediatricians, general practitioners, public and private nurses and audiologists. The general public must be made aware of these resources so that children who are suspect will be brought to their attention. The indices of suspicion listed previously must be made generally known so that parents can alert professional people to the fact that they are examining an "at risk" child.

Various types of tests and examinations may be used to screen hearing ability and detect loss. No infant is too young to test.

The testing of the neonate (birth to two months) involves essentially the observation of reflex responses such as startle and localization of sound because he has had only very limited experience with auditory associations and his learned responses are not sufficiently specific or differentiated to be interpreted meaningfully by the examiner.

In children from two months to two years of age, the test responses will differ with the age of the child and include such involuntary responses as the startle response, localization of sound and such voluntary responses as those seen in play audiometry and sound and object identification. Pure tone audiometric testing can be used successfully with a surprising number of children of preschool age. Electro-physiological responses are obtainable at all ages, however, they are particularly useful with children who are unable to cooperate.

IV. Parent counseling and guidance

Very young deaf children need immediate and continuing help in order to develop their maximum potential for adjustment in a hearing environment. It is, therefore, strongly advised that programs be established for these children and that these programs be an integral part of the overall deaf education plan. Programs developed for this age child should be entirely parent-oriented and should be concerned primarily with parental counseling and guidance. The major objectives of these programs should be:

(1) Parental adjustment to the hearing handicap.

(2) Parent education, i.e., auditory function and dysfunction, language concepts, normal developmental and learning patterns.

(3) Defining and demonstrating the parents' vital role in the habilitation of the child.

(4) Continuing assessment of the child's physical (including hearing), mental and emotional functioning.

(5) Assistance in securing effective individual amplification for the child.

(6) Assistance in planning for the child's future, total education.

While the parents of hearing impaired children of all ages need counseling service, the area of greatest need is among families of children from birth to age three. The preventive potential is greatest at this period, and this is the most critical age level for language development. Children, whether handicapped or not, have individual personality differences. Each child will meet his problems according to his own pattern. The ability of a child with impaired hearing to make successful adjustments will depend to a great extent on his and his family's attitudes about his problem. One of the most important single factors in framing a child's attitude toward his handicap is likely to be the attitude of his parents. Parent counseling should be done by professional people who initially worked with the parents and the child. These professional people are in a position to give parents an increased understanding of normal growth and development and some insight into the special problems their children face by creating opportunities for them to ask questions and express their feelings. Therefore, conferences with professional workers in which the parents have a chance to talk through their feelings, parent group discussions and home visits by professional people and other parents are all helpful ways of giving needed support and guidance. The continuing interest of professional people in whom the family has confidence -- such as a physician, public health nurse, speech therapist, audiologist, social worker, teacher -- can be a major factor in developing proper attitudes and expectations.

It is almost universal that parents experience great fear and anxiety in first learning that they have a child with a physical, mental, or emotional handicapping condition. It is at this point that services to parents of hearing impaired children are vital. Since many parents receive their first counsel from medical personnel who are involved in establishing the diagnosis of hearing impairment, there is a definite need for personnel to provide adequate counsel. When it is no longer feasible or necessary to provide counseling in a medical setting, parents often need help in contacting and making use of other community counseling services.

V. Programming may include:

A. Home Visitation Service. A program in which a teacher of the deaf works with the child and his parents on a regular basis in the child's home. This type of program affords the optimum environment for pre-educational handling of the very young deaf child.

B. Home Demonstration Program. A program located in an ordinary home in which the children and their parents are seen by a teacher of the deaf on a regular schedule. The home used for this program could be owned or leased by the school corporation and could also house additional pre-educational programs for children with various types of exceptionalities scheduled at different times.

C. Pre-Nursery Program. A program in which the child and his parents are seen on a routine schedule by a teacher of the deaf in a room located in a regular school building. This type of setting provides an adequate environment for a child-oriented program but is less suited for the type of parent-oriented program which is recommended for the very young deaf child.

VI. Procedural steps in placement:

A. Initial Placement - prior to enrollment in the program, children shall have a general medical examination. In addition, specific audiological, otological, psychological and visual acuity evaluations should be sought.

These evaluations shall be provided and made available for the use of those persons responsible for initial placement.

B. Continuing Evaluation:

1. Audiological evaluations shall be required annually.

2. Psychological evaluations shall be required at least every other year.

3. Subjective diagnostic appraisal and judgments secured each semester from the teachers or counselors relative to the child's performance shall be considered pertinent in the subsequent placement of a child in the program.

4. All such re-appraisal plus subjective evaluations may be secured more frequently as deemed necessary.

C. Persons providing diagnostic placement:

1. Audiological evaluations: An audiologist who meets certification requirements of the American Speech and Hearing Association must do the initial and diagnostic evaluation.

2. Otological evaluation: A specialist in otology must administer this evaluation. A roster of eligible Indiana physicians may be obtained from the Indiana State Hearing Commission (See Appendix M).

3. Psychological: Psychological services personnel should hold certification as a school psychologist or school psychometrist.

4. Visual acuity: An ophthalmologist or an optometrist eligible for certification in Indiana shall perform the initial and subsequent evaluation.

VII. Evaluation of the program

Evaluation of the effectiveness of an infant program for the hearing impaired child and his family should consider attitudinal changes in parents, behavioral changes in the child, expansion of conceptual development, receptive and expressive language, as well as the reactions of the teacher-counselor and parents to the comprehensive infant program itself.

PRESCHOOL PROGRAM FOR THE HEARING IMPAIRED
(Two years - five years)

PRESCHOOL HEARING IMPAIRED
(Deaf and Hard of Hearing)

I. Hearing impaired refers to children who have been termed deaf or hard of hearing. These children are those in whom the condition is medically irreversible or requires prolonged medical care.

Children with hearing impairments are those who require a variety of special educational services, placement, and programming determined by the age of onset of the hearing loss, the nature and/or degree of hearing loss, and the ability of the child to function within the group structure.

Definition of Terms:

A. The Deaf: Those children in whom the sense of hearing is non-functional with or without a hearing aid.

1. Congenitally deaf - Children in whom the loss of hearing occurred prior to the acquisition of language skills.

2. Adventitiously deaf - Children in whom the loss of hearing was acquired after the acquisition of language skills.

B. The Hard of Hearing: Those children in whom the sense of hearing, although defective, is functional with or without a hearing aid.

II. Eligibility of children:

A. Children should be within the age range from two years to five years inclusive.

B. Children shall have a hearing impairment severe enough to produce limitations in verbal communication.

C. Initial and booster immunizations should be completed.

D. Presence of no additional handicaps (children with othe handicaps may be enrolled in programs for multiply handicapped hearing impaired).

E. Referral may be made at anytime for placement considera tion.

III. Placement of children:

A. Initial placement

1. The initial placement of hearing impaired children is primarily the responsibility of the director of special education within the local school corporation, or within the joint service area. All admissions will be probationary.

2. When assistance in placement is necessary, the Division of Special Education will provide a consultative team which may consist of:

   a. Local supervisors of the program for the hearing impaired;

   b. Professional personnel from the office of the regional director of special education;

   c. Personnel from referring diagnostic clinics;

   d. The State Supervisor of Programs for the Hearing Impaired (Deaf and Hard of Hearing);

   e. The Superintendent of the Indiana School for the Deaf.

3. The director of special education will make available to parents information which will enable them to make a choice regarding placement.

B. Subsequent placement

1. Subsequent placement of hearing impaired children shall be governed by continuing evaluation.

2. Assistance of the consultative team provided by the Division of Special Education should be sought regarding changes in placement.

3. The director of special education will make available to parents information and recommendations which will enable them to share in subsequent placement.

IV. Procedural steps in placement

A. Initial Placement - prior to enrollment in the program, children shall have a general medical examination as well as specific audiological, otological, psychological and visual acuity evaluations.

Results of these evaluations shall be made available for the use of those persons responsible for initial placement.

B. Continuing Evaluation:

1. Audiological evaluations shall be required annually.

2. Psychological evaluations shall be required at least every other year.

3. Subjective diagnostic appraisal and judgments secured annually from the teachers and supervisor relative to the child's classroom performance shall be considered pertinent in the subsequent placement of a child in the program.

4. All such re-appraisal plus subjective evaluations may be secured more frequently as deemed necessary.

C. Persons providing diagnostic placement:

1. Audiological evaluation: An audiologist who meets certification requirements of the American Speech and Hearing Association must do the diagnostic evaluations.

2. Otological evaluation: A specialist in otology must administer this evaluation. A roster of eligible Indiana physicians may be obtained from the Indiana State Hearing Commission (See Appendix M).

3. Psychological: Psychological services personnel should hold certification as a school psychologist or school psychometrist.

4. Visual acuity: An ophthalmologist or an optometrist eligible for certification in Indiana shall perform the initial and subsequent evaluations.

V. Classifications of programming:

a.	Infants	(Ages 6 mo.-2 yr.)
b.	Preschool	(Ages 2 yr.-5 yr.)
c.	Hearing Impaired	(Ages 6 yr.-21 yr.)
d.	Multiply Handicapped	(Ages 6 mo.-21 yr.)

VI. Programming:

A variety of services are designed to meet the individual needs of children whose hearing is impaired to the extent that they cannot fully profit from regular class instruction.

A. Programming may include:

1. Special Class Programming in which the child spends the major portion of the day in the special class.

2. Cooperative Programming in which the child spends much of his time in the special class but also is integrated in some aspects of the regular school program.

3. Resource Programming in which the child is placed in a regular class but also receives special services as needed.

4. Intensive Itinerant Programming in which the child spends the major portion of the time in regular classroom but receives special services periodically.

B. Supervisor: Provisions are made for supervisors of programs for the hearing impaired.

1. A supervisor of the hearing impaired certified as a teacher of the deaf should be appointed to coordinate the program.

2. The plan of supervision must cover all phases of the program including identification of children, the diagnostic process, the instructional program, evaluation of programs and parent education.

C. Ancillary Services: Ancillary services to a class of hearing impaired children should include: Teacher aides, speech and hearing clinicians, psychometrists and any other specialists available to children in regular classes.

1. Teacher Aide Services
The use of classroom para-professionals is encouraged as per rules and regulations of the Commission on General Education (in preparation).

2. Speech and Hearing Services
A speech and hearing clinician meeting at least provisional Indiana certification will be available to work with children enrolled in programs for the hearing impaired. The clinicians and the teacher of the hearing impaired will cooperatively plan programs for children to be seen, including frequency and duration of therapy sessions.

3. Psychological Services
An Indiana certified school psychologist or school psychometrist will perform re-evaluation with each child at least every other year. Specific testing instruments will vary depending upon the severity of the hearing impairment and educational problems. (See Appendix E for suggested instruments.)

VII. Educational facilities and equipment:

A. All hearing impaired children in local or joint services programs should be housed in buildings which are being used primarily for non-handicapped children of similar chronological age.

B. Facilities shall meet standards as approved by the Commission on General Education (Rule S-1).

C. Adequate equipment shall be provided for all programs. (Rule S-1) Visual aids, special auditory training equipment, acoustical treatment such as carpeted floor shall be provided.

D. Materials especially designed to meet the needs of hearing impaired children shall be secured. (See Appendix K for specifics)

E. Each classroom and related area shall be equipped with some alarm system of flashing fire lights, used to alert the children.

F. Each classroom should be equipped with an observation area or an observation window, so that parents and visitors may observe without interrupting the class.

VIII. Desired groupings:

A. A sequential, contiguous progression for each deaf child through no fewer than three of the following seven grouping levels is required.

a.	I	Infants	(Ages 6 mo.-2 yr.)
b.	II	Preschool	(Ages 2 yr.-5 yr.)
c.	III	Primary	(Ages 6 yr.-7 yr.)
d.	IV	Primary Intermediate	(Ages 8 yr.-10 yr.)
e.	V	Intermediate	(Ages 11 yr.-12 yr.)
f.	VI	Junior High	(Ages 13 yr.-15 yr.)
g.	VII	Senior High	(Ages 16 yr.-21 yr.)

(See Appendix F)

A comprehensive program for the deaf consists ideally of all seven grouping levels as listed previously. It must be recognized that early training for the deaf child (ages 2 through 5) is highly recommended.

Enrollment must not exceed eight students in any one class with the exception of levels VI and VII. No more than two contiguous levels may be incorporated in any one class.

A special class for the hearing impaired preschool children, self-contained, may contain no more than eight children.

IX. Certification:

A. A program may be eligible for reimbursement when the teachers, clinicians, school psychologists, psychometrists and supervisors hold certification appropriate for the special work (See Rule S-1).

B. A teacher of the deaf or hard of hearing must hold either a valid endorsement in the area of deaf education or limited certification leading toward an endorsement in deaf education. (See Appendix L).

C. Teachers applying for their teaching certificate with an endorsement for deaf should:

1. Contact their local school superintendent for forms and status of the certificate for which they are applying.

2. Have an accredited university endorse the limited certificate and return it to the teacher.

3. Mail official transcripts of all college work, verification of experience, any valid out-of-state certificate held, a check or money order and a cover letter indicating type of certificate sought.

4. Address of the Division:

Division of Teacher Education and Certification
Room 230, State House
Indianapolis, Indiana 46204

5. Contracts should be issued by the local school corporation based upon their current salary schedule.

D. For certification requirements of the following, consult the Division of Teacher Education and Certification.

1. Supervisor
2. Psychologist
3. Psychometrist
4. Clinical audiologist
5. Teacher aide

X. Curriculum

A. The development of the curriculum for the preschool program for the hearing impaired shall be based upon the educational pattern for normal hearing children of the same chronological age.

B. Specialized instruction should be offered in auditory training, reading, speech reading, language and speech development, since hearing impaired children experience special difficulties in the acquisition of speech and communication skills.

XI. Assistance to parents

A sustained parental guidance and counseling program is essential.

HEARING IMPAIRED
(Six years - Twenty-one years)

HEARING IMPAIRED
(Deaf and Hard of Hearing

I. Hearing impaired refers to children who have been termed deaf or hard of hearing. These children are those in whom the condition is medically irreversible or requires prolonged medical care.

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2. Adventitiously deaf - Children in whom the loss of hearing was acquired after the acquisition of language skills.

B. The Hard of Hearing: Those children in whom the sense of hearing, although defective, is functional with or without a hearing aid.

C. The Multiply Handicapped Hearing Impaired: (The supplement to the Guidelines for the Multiply Handicapped Hearing Impaired is in preparation.)

II. Eligibility of Children:

A. Ages six - twenty-one years

B. A hearing impairment which makes full-time regular classroom activity impractical or impossible.

C. Children should have complete initial and booster immunizations.

D. Presence of no additional handicaps. (Children with other handicaps may be enrolled in programs for multiply handicapped hearing impaired.)

III. Placement of Children:

A. Initial placement

1. The initial placement of hearing impaired children is primarily the responsibility of the director of special education within the local school corporation or within the joint service area.

2. When assistance in placement is necessary, the Division of Special Education will provide a consultative team which may consist of:

   a. Local supervisors of the programs for the hearing impaired;

   b. Professional personnel from the office of the regional director of special education;

   c. Personnel from referring diagnostic clinics;

   d. The State Supervisor of Programs for the Hearing Impaired (Deaf and Hard of Hearing);

   e. The Superintendent of the Indiana School for the Deaf.

3. The director of special education will make available to parents information which will enable them to make a choice regarding placement.

B. Subsequent placement

1. Subsequent placement of hearing impaired children shall be governed by continuing evaluation on an annual basis.

2. Assistance of the consultative team provided by the Division of Special Education should be sought regarding changes in placement.

3. The director of special education will make available to parents information and recommendations which will enable them to share in subsequent placement.

IV. Procedural steps in placement:

A. Initial Placement - prior to enrollment in the program, children shall have a general medical examination as well as specific audiological, otological, psychological and visual acuity evaluations.

Results of these evaluations shall be made available for the use of those persons responsible for initial placement.

B. Continuing Evaluation:

1. Audiological evaluations shall be required annually.

2. Psychological evaluations shall be required at least every other year.

3. Subjective diagnostic appraisal and judgments secured annually from the teachers and supervisor relative to the child's classroom performance shall be considered pertinent in the subsequent placement of a child in the program.

4. All such re-appraisal plus subjective evaluations may be secured more frequently as deemed necessary.

C. Persons providing diagnostic placement:

1. Audiological evaluation: An audiologist who meets certification requirements of the American Speech and Hearing Association must do the diagnostic evaluations.

2. Otological evaluation: A specialist in otology must administer this evaluation. A roster of eligible Indiana physicians may be obtained from the Indiana State Hearing Commission (See Appendix M).

3. Psychological: Psychological services personnel should hold certification as a school psychologist or school psychometrist.

4. Visual acuity: An ophthalmologist or an optometrist eligible for certification in Indiana shall perform the initial and subsequent evaluations.

V. Classification of Programming:

a.	Infants	(Ages 6 mo.-2 yr.)
b.	Preschool	(Ages 2 yr.-5 yr.)
c.	Hearing impaired	(Ages 6 yr.-21 yr.)
d.	Multiply handicapped	(Ages 6 mo.-21 yr.)

VI. Programming:

A variety of services are designed to meet the individual needs of children whose hearing is impaired to the extent that they cannot fully profit from regular class instruction.

A. Programming may include:

1. Special Class Programming in which the child spends the major portion of the day in the special class.

2. Cooperative Programming in which the child spends much of his time in the special class but also is integrated in some aspects of the regular school program.

3. Resource Programming in which the child is placed in a regular class but also receives special services as needed.

4. Intensive Itinerant Programming in which the child spends the major portion of the time in regular classroom but receives special services periodically.

B. Supervisor: Provisions are made for supervisors of programs for the hearing impaired.

1. A supervisor of the hearing impaired certified as a teacher of the deaf should be appointed to coordinate the program.

2. The plan of supervision must cover all phases of the program including identification of children, the diagnostic process, the instructional program, evaluation of progress, and parent education.

C. Ancillary Services: Ancillary services to a class of hearing impaired children should include: Teacher aides, speech and hearing clinicians, psychometrists and any other specialists available to children in regular classes.

1. Teacher Aide Services
The use of classroom para-professionals is encouraged as per rules and regulations of the Commission on General Education (in preparation).

2. Speech and hearing services
A speech and hearing clinician meeting at least provisional Indiana certification will be available for work with children enrolled in programs for the hearing impaired. The clinician and the teacher of the hearing impaired will cooperatively plan programs for children to be seen, including frequency and duration of therapy sessions.

3. Psychological Services
An Indiana certified school psychologist or school psychometrist will perform re-evaluation with each child at least every other year. Specific testing instruments will vary depending upon the severity of the hearing impairment and educational problems. (See Appendix E for suggested instruments.)

VII. Educational facilities and equipment:

A. All hearing impaired children in local or joint services programs should be housed in building which are being used primarily for non-handicapped children of similar chronological age.

B. Facilities shall meet standards as approved by the Commission on General Education (Rule S-1).

C. Adequate equipment shall be provided for all programs (Rule S-1). Visual aids, special auditory training equipment, acoustical treatment such as carpeted floor, etc. shall be provided.

D. Materials especially designed to meet the needs of hearing impaired children shall be secured. (See Appendix K for specifics.)

VIII. Desired groupings:

A. A sequential, contiguous progress for each deaf child through no fewer than three of the following seven grouping levels is required.

a.	I	Infants	(Ages 6 mo.-2 yr.)
b.	II	Preschool	(Ages 2 yr.-5 yr.)
c.	III	Primary	(Ages 6 yr.-7 yr.)
d.	IV	Primary Intermediate	(Ages 8 yr.-10 yr.)
e.	V	Intermediate	(Ages 11 yr.-12 yr.)
f.	VI	Junior High	(Ages 13 yr.-15 yr.)
g.	VII	Senior High	(Ages 16 yr.-21 yr.)

(See Appendix F)

A comprehensive program for the deaf consists ideally of all seven grouping levels as listed previously. It must be recognized that early training for the deaf child (ages 2 through 5) is highly recommended.

Enrollment must not exceed eight students in any one class with the exception of levels VI and VII. No more than two contiguous levels may be incorporated in any one class.

A special class for the hearing impaired children, self-contained, may contain no more than eight children. Larger classes for the hearing impaired may be utilized in the case of children with minimal hearing impairment, if there is resource room program placement available.

IX. Certification:

A. A program may be eligible for reimbursement when the teachers, clinicians, school psychologists, psychometrists, and supervisors hold certification appropriate for the special work (See Rule S-1).

B. A teacher of the deaf or hard of hearing must hold either a valid endorsement in the area of deaf education or limited certification leading toward an endorsement in deaf education. (See Appendix L)

C. Teachers applying for their teaching certificate with an endorsement for deaf should:

1. Contact their local school superintendent for forms and status of the certificate for which they are applying.

2. Have an accredited university endorse the limited certificate and return it to the teacher.

3. Mail official transcripts of all college work, verification of experience, any valid out-of-state certificate held, a check or money order, and a cover letter indicating type of certificate sought.

4. Address of the Division:

Division of Teacher Education and Certification
Room 230, State House
Indianapolis, Indiana 46204

5. Contracts should be issued by the local school corporation based upon their current salary schedule.

D. For certification requirement of the following, consult the Division of Teacher Education and Certification.

1. Supervisor
2. Psychologist
3. Psychometrist
4. Clinical audiologist
5. Teacher aides

X. Curriculum

A. The program for the hearing impaired curriculum should follow the regular academic program of the school corporation in so far as possible,but the instruction should be designed to meet the special needs of hearing impaired children.

B. Hearing impaired children experience difficulty in the acquisition of speech and language skills. Therefore, specialized instruction should be offered in auditory training, reading, speech reading, language and speech development to implement the regular academic curriculum.

XI. Program Approval:

Approval for programs for the hearing impaired will be based upon the school corporation's compliance with Rule S-1 of the General Commission on Education.

XII. Reporting Procedures:

A. Application for program approval: The following procedures should be followed by school corporations which do not employ certified directors of special education.

1. Applications for a new hearing impaired program shall be made to the Division of Special Education on Form 23-D and approval must be granted before the program starts. A personal conference with the Supervisor of Programs for the Hearing Impaired, Division of Special Education, is required before consideration can be given to the approval of a new program.

2. Applications to continue special classes and programs which have been previously approved shall be made on Form 23-D by October 15 for a full-year program, and by February 15 for a half-year program. Pre-approvals on Form 23-D will be accepted July 15 for programs with certified teachers of the deaf (Rule S-1).

3. Applications for approval of transportation costs of the hearing impaired shall be made on Form 23-TR which should accompany Form 23-D.

B. School corporations employing certified directors of special education shall use the following forms for requesting approval of programs:

1. Final applications for special class programs shall be made on Form 23-1 which shall be submitted by October 15. A supplemental Form 23-1 shall be submitted by April 5 which will include

information on children added to the program since the first report was submitted (Rule S-1). Application for transportation should also be included on Form 23-1.

2. Form 23-A shall be used to apply for approval of a supervisor of special education and shall include a description of the proposed plan for the supervision of special education classes or programs.

3. A photostatic copy of the teacher's license should accompany the application Form 23-1 and 23-D.

C. The school corporation shall be notified as to the disposition of the application (Rule S-1).

D. Form 24, Application for Reimbursement, shall be submitted within ten days after the close of classes or by June 15 each year, whichever is later (Rule S-1).

MULTIPLY HANDICAPPED HEARING IMPAIRED
(Six months - twenty-one years)

(In preparation)

A P P E N D I X

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Mr. Jack Buschor
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Florida School for the Deaf
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(Former member)

Mr. Windell Fewell
Assistant Superintendent
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Division of Special Education
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Mr. Lowell Smith
Director of Special Education
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1968 -- 1971

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Administrator of Speech and Hearing
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STATE ADVISORY COUNCIL
ON THE
EDUCATION OF HANDICAPPED CHILDREN

State Advisory Council Members

Mr. Vincent Haviza, Superintendent
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Parent of a Handicapped Child

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Indiana State University

Dr. Maurice Schankerman, Principal
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Mr. Lawrence Wade, Superintendent
MSD of Wabash County

Mr. Shannon White, Director of Special Education
Elkhart Community Schools

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Mr. Ray Benson, Director of Education and Activities Therapy
Indiana Department of Mental Health

Dr. Robert Yoho, Assistant Commissioner
State Board of Health

State Advisory Council's Executive Secretary

Mr. James Alley, Director
Division of Special Education
Department of Public Instruction

BEHAVIORAL AND EDUCATIONAL RESULTS OF HEARING IMPAIRMENT

Generally speaking, the poorer the hearing level at which a child begins to respond or the less hearing he has, the greater the difficulty which can be expected in his social communication or in his school experiences. Goodman (1965) has recently published the following scale of hearing impairment which may summarize general expectations.

Scale of Hearing Impairment

Hearing level dB* 1951 ASA reference	Descriptive Term	Hearing level dB* 1964 ISO reference
-10 to 15	normal limits	-10 to 26
16 to 29	mild	27 to 40
30 to 44	moderate	41 to 55
45 to 59	moderately severe	56 to 70
60 to 79	severe	71 to 90
80 plus	profound	91 plus

*Average of hearing levels for 500, 1000, and 2000 Hz

In the following entries (based upon the summary by Goodman) hearing levels cited are in terms of the 1964 ISO reference. The values are the average of hearing levels for 500, 1000, and 2000 Hz.

Hearing Level Less than 40 dB. Has difficulty hearing faint or distant speech; needs favorable seating in classroom, and may benefit from lipreading instruction. Hearing aids may be indicated for selected young children. In some cases, resource room help may be needed.

Hearing Level 40 to 55 dB. Understands conversation at a distance of three to five feet; may miss as much as 50 percent of class discussion if voices are faint or speaker is not in line of vision; may exhibit slight speech anomalies if hearing loss is of high frequency type; may exhibit limited vocabulary. Needs hearing aid and training in its use, auditory training, speech reading instruction, favorable seating in classroom, speech conversation, and speech correction in some cases. May require special class placement.

Hearing Level 55 to 70 dB. Conversation must be loud to be understood and there is great difficulty in group and classroom discussion; will very likely be deficient in language usage; will have evidence of limited vocabulary; will probably have defective speech if loss is of higher frequency type; particular difficulty will be observed with sounds such as s, z, sh, ch, j. Needs all of the above plus language therapy, including vocabulary development, usage, reading, writing English, syntax,etc.; needs favorable seating and/or special class placement in a hard-of-hearing class in the elementary school.

Goodman, Allen C., Reference Zero levels for pure tone audiometers. Asha, 717: 262-263, 1965.

Hearing Level 70 to 90 dB. May hear a loud voice about one foot from the ear; may identify environmental noises, may distinguish vowels but not consonants; may hear loud noises, such as auto horns and dogs barking at some distance; speech and language will probably not develop spontaneously. Needs special education for deaf children with emphasis on speech, auditory training, and language; may be able to matriculate from deaf education program to regular classes on the high school level.

Hearing Level More than 90 dB. May hear some loud sounds; may hear loud shout about one inch from ear; may have no response whatever to sound; does not rely on hearing as primary channel for communication. Needs special class or school for the deaf; some of these children may eventually be able to enter regular high schools, but most will complete their formal education at a school for the deaf.

PSYCHOLOGICAL INSTRUMENTS FOR USE WITH THE HEARING IMPAIRED

Peabody Picture Vocabulary Test
American Guidance Service, Inc.
Publishers Building
Circle Pines, Minnesota 55014

Merrill-Plamer Scale of Mental Tests
Harcourt, Brace, & World
7555 Caldwell Avenue
Chicago, Illinois 60648
(Guide for Administering-$4.50)

Columbia Mental Maturity Scale
Harcourt, Brace, & World
7555 Caldwell Avenue
Chicago, Illinois 60648
(Examiners Kit-$45.00)

Cattell Infant Intelligence Scale
The Psychological Corporation
304 East 45th Street
New York, New York 10017
(Set-$85.00)

Bayley Scale of Infant Development
The Psychological Corporation
304 East 45th Street
New York, New York 10017

Wechsler Intelligence Scale
for Children
The Psychological Corporation
304 East 45th Street
New York, New York 10017
(Set-$27.50)

Wechsler Preschool & Primary
Scale of Intelligence
The Psychological Corporation
304 East 45th Street
New York, New York 10017
(Set-$26.00)

Leiter International Performance
Scale
Stoelting Company
424 Homan Avenue
Chicago, Illinois 60624
(Set-$270.00)

Stanford-Binet Intelligence Test
Stoelting Company
424 Homan Avenue
Chicago, Illinois 60624
(Set-$66.00)

Arthur Performance Scale
The Psychological Corporation
304 East 45th Street
New York, New York 10017
(Set-$79.00)

Raven Progressive Matrices
The Psychological Corporation
304 East 45th Street
New York, New York 10017

Randalls Island Performance Test
Volta Bureau
1537 - 35th Street, N.W.
Washington, D.C. 20007

French Pictorial Test of
Intelligence

INFANT PROGRAM LEVELS FOR THE HEARING IMPAIRED

I.

Preventive Care

Objectives

1. Avoidance of events leading to a hearing impairment; immunizations, periodic health review, education of the public.

High Risk Group

1. Pregnant women whose health condition indicates a complicated pregnancy, or those who have had previous complicated pregnancies, deliveries, or have given birth to an infant who has difficulties due to such complications.
2. Infants with real or anticipated complications due to prematurity, prolonged labor, birth trauma, severe anoxia, severe infection or blood group incompatibilities.
3. Infants with familial histories of hearing loss.

2. Early detection and prompt medical treatment and/or rehabilitation.

Early Recognition of a Hearing Impairment

1. Infants with a history of recurrent or chronic ear infection.
2. Infants whose behavior suggests a change in hearing ability as perceived by parents.
3. Infants and children with central nervous system infection (encephalitis, menigitis) or trauma and those who had received drugs potentially harmful to the hearing organ.
4. Infants of high risk mothers.
5. Infants with delayed or defective speech and language or children who do not respond appropriately to sound stimuli.

Referral of parent to appropriately trained personnel in medicine and related health disciplines.

INFANT PROGRAM LEVELS FOR THE HEARING IMPAIRED

Parent Counseling and Guidance

Objectives:

1. Parental adjustment to the hearing handicap.
2. Parent education, i.e., auditory function and dysfunction, language concepts, etc.
3. Defining and demonstrating the parents' vital role in the habilitation of the child.
4. Continuing assessment of the child's physical, (including hearing), mental and emotional functioning.
5. Assistance in securing effective individual amplification of the child.
6. Assistance in planning for the child's future, total education.

Types of Programming

1. Home visitation service. A program in which a teacher of the deaf works with the child and his parents on a regular basis in the child's home. This type of program affords the optimum environment for pre-educational handling of the very young deaf child.

2. Home demonstration program. A program located in an ordinary home in which the children and their parents are seen by a teacher of the deaf on a regular schedule. The home used for this program could be owned or leased by the school corporation and could also house additional pre-educational programs for children with various types of exceptionalities scheduled at different times.

3. Pre-Nursery program. A program in which the child and his parents are seen on a routine schedule by a teacher of the deaf in a room located in a regular school building. This type of setting provides an adequate enrivonment for a child-oriented program but is less suited for the type of parent-oriented program which is recommended for the very young deaf child.

INFANT PROGRAM LEVELS FOR THE HEARING IMPAIRED

Hearing Testing at Periodic Intervals

Every child should be examined who exhibits in his personal behavior or family history any unusual conditions or adverse incidents

1. Parental Rh incompatibility
2. Rubella during pregnancy
3. Birth injury
4. Premature birth
5. Hearing loss in parents, siblings, distant relatives
6. Multiple handicaps

→

Testing Arrangements should be made where populations of children are "captive." No infant is too young to test.

1. Hospital nurseries
2. Infant welfare clinics
3. Doctors' offices
4. Nursery Schools
5. Institutions

→

Test Responses: (Birth to two months)

This involves essentially the observation of reflex responses such as startle and localization of sound.

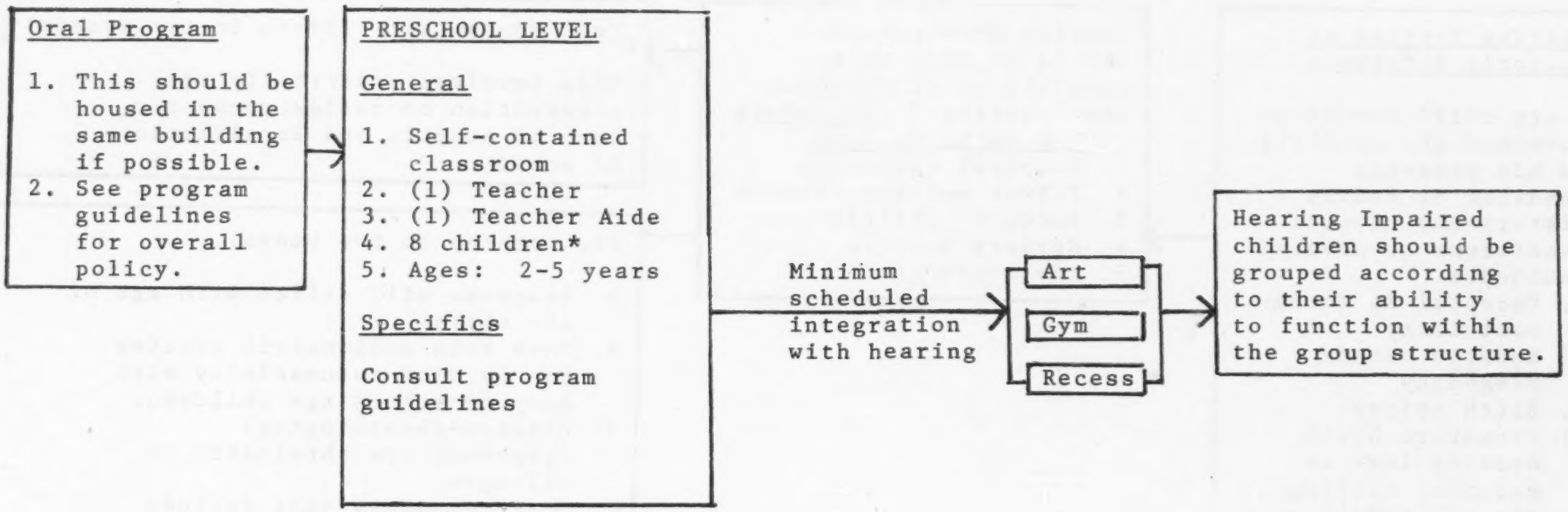
→

(Two months to two years)

1. Response will differ with age of the child.
2. Pure tone audiometric testing can be used successfully with many preschool age children.
3. Electro-physiological responses are obtainable at all ages.
4. Test responses will include such involuntary responses as the startle response, localization of sound and such voluntary responses as those seen in play audiometry and sound and object identification.

PRESCHOOL EDUCATIONAL PROGRAM LEVELS FOR THE HEARING IMPAIRED

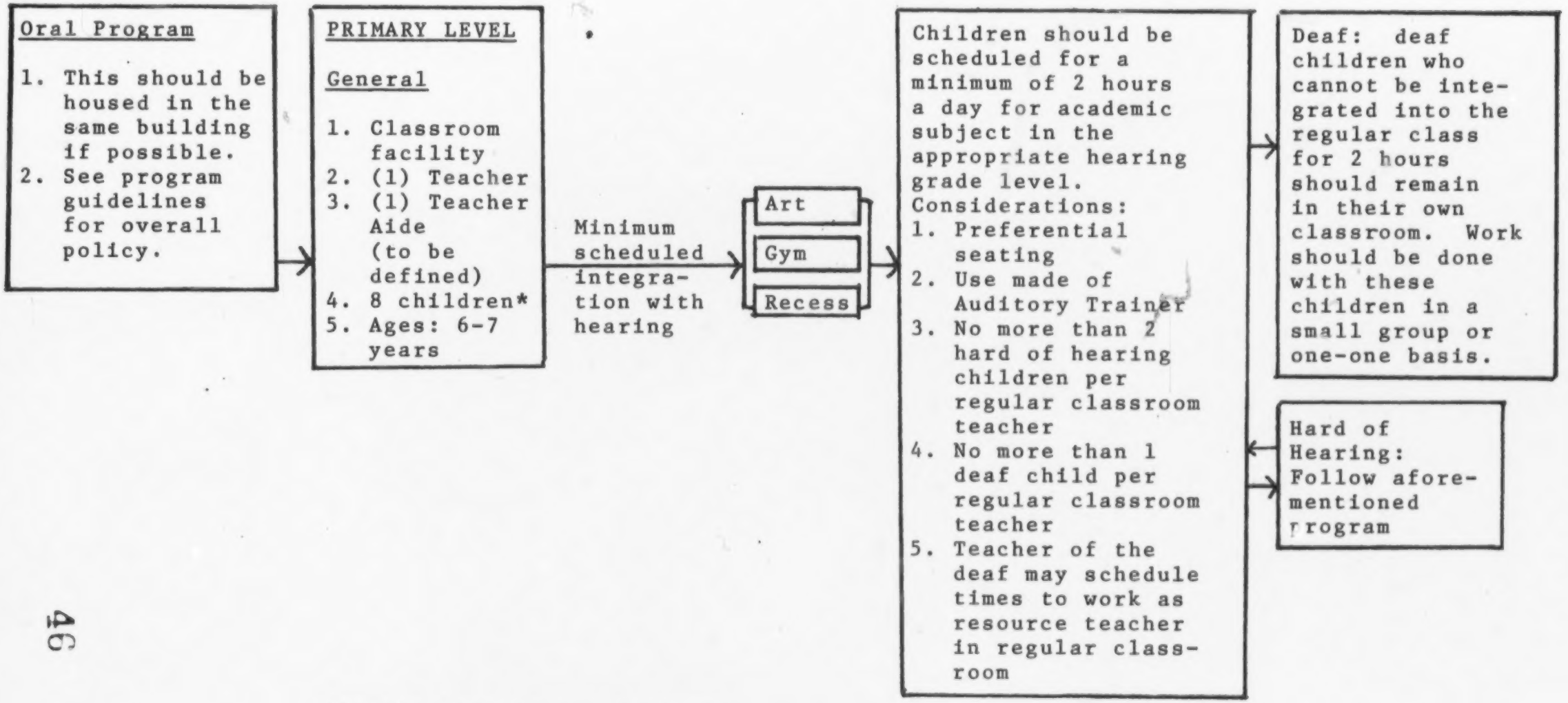
II.


Oral Program
1. This should be housed in the same building if possible.
2. See program guidelines for overall policy.
PRESCHOOL LEVEL
General
1. Self-contained classroom
2. (1) Teacher
3. (1) Teacher Aide
4. 8 children*
5. Ages: 2-5 years
Specifics
Consult program guidelines
Minimum scheduled integration with hearing
Art
Gym
Recess
Hearing Impaired children should be grouped according to their ability to function within the group structure.

*If the teacher has more than the assigned number of children during the day, an additional class should be established.

PRIMARY EDUCATIONAL PROGRAM LEVELS FOR THE HEARING IMPAIRED

III.


Oral Program
1. This should be housed in the same building if possible.
2. See program guidelines for overall policy.
PRIMARY LEVEL
General
1. Classroom facility
2. (1) Teacher
3. (1) Teacher Aide (to be defined)
4. 8 children*
5. Ages: 6-7 years
Minimum scheduled integration with hearing
Art
Gym
Recess
Children should be scheduled for a minimum of 2 hours a day for academic subject in the appropriate hearing grade level.
Considerations:
1. Preferential seating
2. Use made of Auditory Trainer
3. No more than 2 hard of hearing children per regular classroom teacher
4. No more than 1 deaf child per regular classroom teacher
5. Teacher of the deaf may schedule times to work as resource teacher in regular classroom
Deaf: deaf children who cannot be integrated into the regular class for 2 hours should remain in their own classroom. Work should be done with these children in a small group or one-one basis.
Hard of Hearing: Follow aforementioned program

*If the teacher has more than the assigned number of children during the day, an additional class should be established.

PRIMARY-INTERMEDIATE PROGRAM LEVELS FOR THE HEARING IMPAIRED

IV.

1. A non-oral intermediate program should be separated from the primary facility, if possible.
2. See program guidelines for overall policy.

PRIMARY-INTERMEDIATE LEVEL

General

1. Classroom facility
2. (1) Teacher
3. (1) Teacher Aide
4. 8 children*
5. Full-day program
6. Ages: 8-10 years

Specifics

Consult program guidelines

Minimum scheduled integration with hearing

- Speech Therapy
- Art
- Gym
- Recess

Children should have placement for academic subject in the appropriate hearing grade level.

Considerations:

1. Preferential seating
2. Use of Auditory Trainer
3. No more than 2 hard of hearing children per regular teacher
4. No more than 1 deaf child per regular teacher
5. One hearing child to assist each hearing impaired child in class placement
6. Teacher of the hearing impaired child shall schedule time to work as resource teacher in regular classroom
7. Multi-track communication may be begun. One track of instruction will continue to be oral. Others for children who cannot profit from oral methods alone may include other modes of communication.

Deaf: Deaf, who are unable to be integrated should remain in resource room and be integrated where possible.

Hard of Hearing: Follow aforementioned program

*If a teacher has more than the assigned number of children during the day, an additional class should be established.

INTERMEDIATE EDUCATIONAL PROGRAM LEVELS FOR THE HEARING IMPAIRED

V.

1. A non-oral intermediate program should be separated from the primary facility. The two intermediate programs should be housed together, if possible.
2. See program guidelines for overall policy

INTERMEDIATE LEVEL

General

1. Home Room (Resource only)
2. (1) Teacher
3. (1) Teacher Aide
4. 8 children*
5. Full-day
6. Ages: 11-12 years

Specifics

Consult program guidelines

Minimum scheduled integration with hearing

- Speech Therapy
- Art
- Gym
- Recess

Children should have one-half day placement for academic subject in the appropriate hearing grade level.

Considerations:

1. Preferential seating
2. Use of Auditory Trainer
3. No more than 2 hard of hearing children per regular teacher
4. No more than 1 deaf child per regular teacher
5. One hearing child to assist each hearing impaired child in class placement
6. Teacher of the hearing impaired shall schedule time to work as resource teacher in regular classroom
7. Multi-track communication may be provided. One track of instruction will continue to be oral. Others for children who cannot profit from oral methods alone may include other modes of communication.

Deaf: deaf who are unable to be integrated should remain in resource room and be integrated where possible.

Hard of Hearing: Follow aforementioned program

*If a teacher has more than the assigned number of children during the day, an additional class should be established.

JUNIOR HIGH EDUCATIONAL PROGRAM LEVELS FOR THE HEARING IMPAIRED

VI.

1. Trained teacher of the deaf utilized when necessary as a resource person in any of the classrooms if possible.
2. See program guidelines for overall policy.

JUNIOR HIGH LEVEL

General

1. Classroom for the hearing impaired
2. 2 Teachers
3. 2 Teacher Aides
4. 8-12 children*
5. Full-day program
6. Ages: 13-15 yr.

Specifics

Consult program guidelines

Scheduled integration with hearing

- Art
- Consumer Economics
- Foreign Languages
- Gym
- Home Economics
- Industrial Arts
- Speech
- Sports
- Practical Arts

Subject to local offerings and/or regulations for credit courses

Deaf, who are unable to be integrated should remain in resource room and be integrated where possible. One track of instruction will continue to be oral. Others for children who cannot profit from Oral Method alone may include other modes of communication.

I. Academic Program
   1. Preferential seating
   2. Up to 2 hours spent in classroom prior to rotating to other classes
   3. Two hearing students to assist
   4. Auditory unit

II. Pre-Vocational
   1. Up to 2 hours in classroom for hearing impaired
   2. Auditory training unit
   3. Work-study school sponsored work experiences
   4. Vocational education counselor will be assigned to high school

Hard of Hearing

I. Academic Program
   1. Preferential seating
   2. Up to 2 hours spent in special services for hearing impaired
   3. Normal hearing students to assist in regular class
   4. Auditory unit

II. Pre-Vocational
   1. Up to 2 hours in classroom for hearing impaired
   2. Auditory training unit
   3. Work-study school sponsored work experience
   4. Vocational education counselor will be assigned to high school

*If the teacher has more than the assigned number of children during the day, an additional class should be established.

HIGH SCHOOL EDUCATIONAL PROGRAM LEVELS FOR THE HEARING IMPAIRED

VII.

1. Trained teacher of the hearing impaired utilized when necessary as a resource person in any of the classrooms.
2. See program guidelines for overall policy.

HIGH SCHOOL LEVEL

General

1. Classroom for the hearing impaired
2. 2 Teachers
3. 2 Teacher Aides
4. 8-12 children*
5. Full-day program
6. Ages: 16-21 yr.

Specifics

Consult program guidelines

Scheduled integration with hearing

- Art
- Foreign Languages
- Gym
- Home Economics
- Industrial Arts
- Practical Arts
- Speech
- Sports
- Consumer Economics

Subject to local offerings and/or regulations for credit courses

Deaf, who are unable to be integrated should remain in resource room and be integrated where possible. One track of instruction will continue to be oral. Others for children who cannot profit from Oral Method alone may include other modes of communication.

I. Academic Program
   1. Preferential seating
   2. Up to 2 hours spent in classroom prior to rotating to other classes
   3. Two hearing students to assist
   4. Auditory unit

II. Pre-Vocational
   1. Up to 2 hours in classroom for hearing impaired
   2. Auditory training unit
   3. Work-study school sponsored work experiences
   4. Vocational education counselor will be assigned to high school

Hard of Hearing

I. Academic Program
   1. Preferential seating
   2. Up to 2 hours spent in special services for hearing impaired
   3. Normal hearing students to assist in regular class
   4. Auditory unit

II. Pre-Vocational
   1. Up to 2 hours in classroom for hearing impaired
   2. Auditory training unit
   3. Work-study school sponsored work experiences
   4. Vocational education counselor will be assigned to high school

*If the teacher has more than the assigned number of children during the day, an additional class should be established.

I. Existing Programs

ALLEN COUNTY
Fort Wayne
(Infant-H.S.)

DELAWARE COUNTY
Muncie
(Infant-Primary)

ELKHART COUNTY
Elkhart
(Preschool)

FLOYD COUNTY
New Albany
(Preschool-Primary)

LAKE COUNTY
Hammond-E. Chicago
(Preschool-Primary)
Gary
(Preschool-H.S.)

LAPORTE COUNTY
Michigan City
(Preschool)

MADISON COUNTY
Anderson
(Preschool)

MARION COUNTY
(Primary-J.H.)

MARSHALL AND
STARKE COUNTIES
Plymouth
(Preschool)

MONROE COUNTY
Bloomington
(Preschool)

ST. JOSEPH COUNTY
South Bend
(Preschool-Inter.)

TIPPECANOE COUNTY
Lafayette
(Preschool)

VANDERBURGH COUNTY
Evansville
(Primary-Inter.)

VIGO COUNTY
Terre Haute
(Preschool)

SERVICE AREAS FOR THE HEARING IMPAIRED

II. Proposed Programs
Highland (Lake Co.)
Columbus
(Bartholomew Co.)

INDIANA LISTING OF EDUCATIONAL SERVICES
FOR THE HEARING IMPAIRED

PRESCHOOL

Residential School
Public

Indiana School for the Deaf	1200 E. 42nd Street Indianapolis, 46205	317-924-4374	Mr. Alfred Lamb Superintendent

Day Classes
Public School

Project Hear (Nursery)	715 Nuttman Avenue Fort Wayne, 46807	219-456-6821	Lloyd Way Director of Special Educ.
Hoagland School Fort Wayne Comm. Schools	354 Butler Street Fort Wayne, 46804	219-745-3621	Lloyd Way Director of Special Educ.
Helen Keller Center Michigan City Area Schools	301 East 8th Street Michigan City, 46360	219-872-8691	Richard Surber Director of Special Educ.
Columbia School Hammond Public Schools	1238 Michigan Avenue Hammond, 46320	219-932-2281	Rowena Piety Director of Special Educ.
West Elementary School Plymouth Community Schools	R.R. #3 Plymouth, 46563	219-936-6121	Shirley Amond Director of Special Educ.
Slate Run School New Albany-Floyd Co. Schools	1452 Slate Run Road New Albany, 47150	812-944-7284	Lowell Smith Director of Special Educ.
Vigo County School Corp.	667 Walnut Street Terre Haute, 47808	812-234-4886	William Hamrick Director of Special Educ.
Elkhart Community Schools	228 W. Franklin Elkhart, 46514	219-523-2620	Shannon White Director of Special Educ.

Morrison-Mock School Muncie Community Schools	3501 Godman Avenue Muncie, 47304	317-289-3673	Harrold Wallace Director of Spec. Educ.
South Bend Comm. Schools	635 South Main Street South Bend, 46623	219-289-1092	Elizabeth Lynch Coordinator
Marion Community Schools	121 East River Blvd. Marion, 46952	317-662-2546 Ext. 26	Scott DeHaven Director of Spec. Educ.
Monroe County Comm. Schools	315 North Drive Bloomington, 47401	812-339-3481	(See Indiana University)

Day Classes
State Universities

Audiology and Speech Clinic I. U. Medical Center	1200 West Michigan Indianapolis, 46202	317-264-8868	Dr. Francis Sonday Director
Ball State University	Teacher College Bldg. Seventh Floor Muncie, 47306	317-285-6771	Dr. Elizabeth Spencer Director
Indiana University	Speech & Hearing Center Bloomington, 47401	812-337-9185	Dr. Kennon Shank Director
Purdue University	West Lafayette, 47907	317-749-3006	Dr. David Goldstein Director, Preschool Prog.
Indiana State University	Terre Haute, 47809	812-232-6311	Dr. R. B. Porter Director, Department of Special Education

Day Classes
Private Agencies

Preschool Class for the Deaf, Hearing & Speech Center of St. Joseph Co.	125 South Lafayette South Bend, 46601	219-234-0153	Jack Andrews Executive Director

ELEMENTARY - HIGH SCHOOL

Residential School - Day School
Public

Indiana School for the Deaf	1200 East 42nd Street Indianapolis, 46205	317-924-4374	Alfred Lamb Superintendent

Day Classes
Public School

Central Avenue School Anderson Oral Deaf Class	Central Avenue Anderson, 46016	317-644-4926	William Hafner Director of Spec. Educ.
Glenwood Elementary School	901 Sweetser Evansville, 47713	812-426-5066	Lewis Browning Director of Spec. Educ.
Hoagland School Ben F. Geyer J.H.S. Fort Wayne Comm. Schools	Administration Addition Oral Day Class Prog. 354 West Butler Fort Wayne, 46804	219-745-3621	Lloyd Way Director of Spec. Educ.
Kuny School (K-6) Bailly School (Jr. High) Gary Community Schools	620 East 10th Place Gary, 46402	219-886-3111	Frank Wade Director of Spec. Educ.
South Bend Comm. Schools	635 South Main Street South Bend, 46623	219-289-1092	Elizabeth Lynch Coordinator
E. Chicago School City	210 E. Columbus Drive E. Chicago, 46312	219-297-4200	Charles Nagy Director of Spec. Educ.
Muncie Community Schools	3501 Godman Avenue Muncie, 47304	317-289-3673	Harrold Wallace Director of Spec. Educ.
Indianapolis Public Schools	120 East Walnut Street Indianapolis, 46204	317-634-2381	Ben Morgan Director of Spec. Educ.

Crossroads Rehabilitation Center	3242 Sutherland Indianapolis, 46205	317-924-3251	Dr. Roy E. Patton Director
Indianapolis Speech and Hearing Center, Inc.	615 North Alabama Indianapolis, 46204	317-635-4469	D. E. Yenrick Executive Director
Trade Winds Rehabilitation Center of Northwest Indiana	5910 West 7th Gary, 46406	219-949-4000	Theodore Dombrowski Director
St. Mary's Child Center (Multiply Handicapped)	311 North New Jersey Indianapolis, 46204	317-631-3265	Father Edward Smith Director
The Rehabilitation Center	702 Williams Street Elkhart, 46514	219-523-0128	Richard Rembold Executive Director
The Rehabilitation Center, Inc.	3701 Bellemeade Evansville, 47715	812-477-5381	Dr. Spiro Mitsos Executive Director
Southeastern Indiana Rehabilitation Center	R.R. #3, Box 320E Jeffersonville, 47130	812-283-7908	Alva R. Willis Executive Director
Noble School (Multiply Handicapped)	615 West 43rd Street Indianapolis, 46208	317-925-3574	Edward Ryan Director of Educational Services

PRESCHOOL PROGRESS EVALUATION FORM

(Duplicate)

September:
February:
May:

NAME:

BIRTHDATE:

DATE:

WEIGHT:

AGE:
(Years, months, day)

HEIGHT:

HEARING LOSS L:
R:

PSYCHOMOTOR DEVELOPMENT:

LANGUAGE DEVELOPMENT:

PLAY BEHAVIOR:

PHYSICAL DEVELOPMENT:

EMOTIONAL DEVELOPMENT:

HEALTH HISTORY:

PARENT CONFERENCE: (Mother, Father, Both)

DATES:
COMMENTS:

DATES:
COMMENTS:

DATES:
COMMENTS:

DATES:
COMMENTS:

Teacher's Comments Regarding Child (General)

DATE:

DATE:

DATE:

J.

PSYCHOLOGICAL EXAMINATION

(When completed, please return to the Division of Special Education, Indianapolis, 46204)

FULL NAME_____Sex_____CA @ Test_____ _____
Parent or Guardian_____DOB____mo____day____yr
Address_____Examined____ _____ ____

Test Administered:

		Level
_____	Leiter Scale (Arthur Adaptation)	_____IQ
_____	Arthur Point Scale II	_____IQ
_____	Goodenough Draw-a-Man	_____IQ
_____	WISC (Performance)	_____IQ
_____	WAIS (Performance)	_____IQ
_____	Progressive Matrices	_____%ile
_____	Progressive Matrices	_____%ile
_____	Hiskey Nebraska	_____LA
_____	Vineland Scale	_____SQ
_____	_____	_____
_____	_____	_____
_____	_____	_____

Significant Test Performance:_____

_____

_____

_____

_____

_____

_____

If you believe that the above test scores do not accurately reflect the learning potential of the child, please indicate why:_____

_____

_____

_____

Additional Comments:_____

_____

_____

_____

_____

_____

_____

_____
Examiner

_____
Position

_____
Address

APPROVAL OF DIRECTORS

SPECIAL ADMINISTRATION

Form 23-A

TO THE

INDIANA STATE BOARD OF EDUCATION

Application of _____ School Corporation

Address of School Corporation _____

_____ Township _____ County Date _____

FOR THE

ORGANIZATION OF SPECIAL CLASSES AS PROVIDED BY CHAPTER 211, ACTS OF THE GENERAL ASSEMBLY, 1927, CHAPTER 276, ACTS OF THE GENERAL ASSEMBLY, 1947, CHAPTER 81, ACTS OF THE GENERAL ASSEMBLY, 1955, CHAPTER 4, ACTS OF THE GENERAL ASSEMBLY, 1961, AND CHAPTER 272, ACTS OF THE GENERAL ASSEMBLY, 1965.

A. PROGRAM INFORMATION

Number of Full Time Special Education Teachers and/or Therapists _____

List Part Time Special Education Teachers and/or Therapists Below.

NAME	SPECIAL EDUCATION AREA	PERCENTAGE OF TIME SPENT IN SPECIAL EDUCATION WORK
1.		
2.		
3.		

If less than five (5) full time special education teachers and/or therapists are employed at the present time and approval for a director is being requested, attach a statement of the plans for expanding the program to five full time special education teachers and/or therapists in two (2) or more special education areas. (See Rule S-1, Section 3, A.)

Attach description of the plan for administrating the special education program, (i.e., amount of time director will spend in administering the program, tentative program, other duties, etc.)

B. THE UNDERSIGNED CERTIFY THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF

This program will be operated in complete accordance with the provisions of Rule S-1 of the Commission on General Education.

Signature _____
Director of Special Education

Signature _____
Township Trustee

Signature _____
City or County Superintendent

C. DIRECTOR INFORMATION

NAME	CERTIFICATE HELD	NUMBER	EXPIRATION DATE

D. SUPERVISOR INFORMATION

NAME	AREA OF CERTIFICATION	CERTIFICATE NUMBER	CERTIFICATE EXPIRATION DATE	AREA OF SUPERVISION	NUMBER OF FULL-TIME SPECIAL EDUCATION TEACHERS OR THERAPISTS

Attach description of the plan for supervision (i. e., amount of time the supervisor will spend in supervising the program, tentative schedule of activities, responsibilit ies, etc.).

E. COST OF SPECIAL ADMINISTRATION

Director's Total Salary _____

List Supervisor(s)	Salary
_____	_____
_____	_____
_____	_____
_____	_____

TO: SCHOOLS WITHOUT DIRECTORS
DIRECTORS NOT CERTIFIED

DEAF -- HARD OF HEARING

FORM 23-D

TO THE
INDIANA STATE BOARD OF EDUCATION

Application of _____ School Corporation

Address of School Corporation _____

_____ Township _____ County Date _____

FOR THE

ORGANIZATION OF SPECIAL CLASSES AS PROVIDED BY CHAPTER 211, ACTS OF THE GENERAL ASSEMBLY, 1927, CHAPTER 276, ACTS OF THE GENERAL ASSEMBLY, 1947, CHAPTER 81, ACTS OF THE GENERAL ASSEMBLY, 1955, CHAPTER 4, ACTS OF THE GENERAL ASSEMBLY, 1961, AND CHAPTER 272, ACTS OF THE GENERAL ASSEMBLY, 1965.

INSTRUCTIONAL COSTS

NAME OF INSTRUCTOR	CERTIFICATE NUMBER	CERTIFICATE KIND–GRADE	SPECIAL CLASS AREA OF CERTIF.	CERTIFICATE EXPIRATION DATE	INDIVIDUAL'S TOTAL SALARY	TIME DEVOTED TO SP. CL. WORK	SALARY FOR SP. CL. WORK

TRANSPORTATION (Check (✓) name of pupils inside this form who are being transported.)

	NUMBER OF PUPILS	ESTIMATED COST PER PUPIL PER DAY	TOTAL ESTIMATED COST OF TRANSPORTATION FOR YEAR
To Class in Local School Corp.			

(Transportation Form 23TR is to be attached to this Form if transportation approval is requested.)

THE UNDERSIGNED CERTIFY TO THE BEST OF THEIR KNOWLEDGE AND BELIEF

This class will be operated in complete accordance with the provisions of Rule S-1 of the Commission on General Education and only pupils individually approved by the State Board of Education are or will be enrolled.

THE UNDERSIGNED FURTHER CERTIFY THAT

1). a legal written contract or contracts between this School Corporation and the person or company transporting children is on file in the office of the Superintendent of Schools. 2). the person or persons actually transporting these children hold(s) an Indiana public passengers license. 3). The contracted party carries property damage and public liability insurance as provided by Chapter 108 of the Acts of 1955. and 4). The transportation claimed under the agreement will not also be claimed under regular transportation reimbursement.

SIGNATURE _____
Township Trustee

SIGNATURE _____
Director of Special Education

SIGNATURE _____
City or County Superintendent

PUPIL INFORMATION

NAME OF PUPIL	AGE	MEDICAL INFORMATION			PSYCHOLOGICAL INFOR	
		DATE	AUDIOLOGICAL EVALUATION	AUDIOLOGIST OR CLINIC NAME	IQ SCORES	NAME OF TES USE
Example: Brown, William	**10**	4-10-65	Hearing Loss RE 60 db LE 80 db	**Smith, John**	**Verbal 115 Perf. 117 Full Scale 117**	Wechsler In Scale for C
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

ATION		ACHIEVEMENT INFORMATION				NAME OF PSY. EXAMINER OR CLINIC HEAD	LICENSE NUMBER OR CLINIC NAME
OR TESTS	DATE	READ ACH.	ARITH. ACH.	NAME OF TEST OR TESTS USED	DATE		
elligence Children	4-10-65	5.4	4.7	Metropolitan Ach. Primary Battery	4-10-65	Gray, George	29874K

PROGRAM APPROVAL FOR SCHOOLS
EMPLOYING APPROVED DIRECTORS
OF SPECIAL EDUCATION

FORM 23-1

TO: CERTIFIED DIRECTORS

TO THE

INDIANA STATE BOARD OF EDUCATION

Application of _____ School Corporation

Address of School Corporation _____

_____ Township _____ County Date _____

FOR THE
ORGANIZATION OF SPECIAL CLASSES AS PROVIDED BY CHAPTER 211, ACTS OF THE GENERAL ASSEMBLY, 1927, CHAPTER 276, ACTS OF THE GENERAL ASSEMBLY, 1947, CHAPTER 81, ACTS OF THE GENERAL ASSEMBLY, 1955, CHAPTER 4, ACTS OF THE GENERAL ASSEMBLY, 1961, CHAPTER 272, ACTS OF THE GENERAL ASSEMBLY, 1965, AND CHAPTERS 395, 396, 242, 177, 406, ACTS OF 1969.

A. TYPE OF PROGRAM (A separate Form 23-1 should be filed for each area of exceptionality.)

_____ Mentally Retarded

_____ Physically Handicapped

_____ Special Transportation to Regular Classes

_____ Visually Handicapped

_____ Deaf or Severely Hard of Hearing

_____ Emotionally Disturbed

_____ Experimental Class

B. SPECIAL TRANSPORTATION

1. Number of pupils transported to the special classes reported on this form _____

   Number of physically handicapped pupils transported to regular classes _____

2. Amount per pupil per day paid transporting party _____

THE UNDERSIGNED CERTIFY TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THAT (1) A legal written contract or contracts between this School Corporation and the person or company transporting children is on file in the office of the Superintendent of Schools, (2) The person or persons actually transporting these children hold(s) an Indiana public passengers license, (3) The contracted party carries property damage and public liability insurance as provided by Chapter 108 of the Acts of 1955, and (4) The transportation claimed under the agreement will not also be claimed under regular transportation reimbursement.

_____ Director of Special Education

_____ City or County Superintendent

Note: If the child being transported is not enrolled in a special class, submit medical and psychological information on that child.

PLEASE COMPLETE PROGRAM INFORMATION SECTION ON BACK

PROGRAM INFORMATION

INSTRUCTOR	CERTIFICATE NUMBER	NO. OF PUPILS ENROLLED	AGE RANGE OF PUPILS	TIME TO BE DEVOTED TO SPECIAL EDUCATION	SALARY FOR SPECIAL ED
Example					
a. Mary Harris	33475K	12	5.7 to 8.6	100%	$6000.00
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

NOTE: Attach supplemental sheet if more space is needed.

TRANSPORTING CHILDREN
INTO A PROGRAM

TRANSPORTATION OF HANDICAPPED PUPILS

FORM 23-TR

Transfer _____
or
Physically Handicapped to
Regular Class_____
(check one)

TO THE
INDIANA STATE BOARD OF EDUCATION

Date _____

Application of _____

Address of School Corporation _____

Township _____ County _____ Superintendent _____

FORM 23-TR SHOULD BE FILED FOR EACH AREA OF EXCEPTIONALLY (ie., physically handicapped, M.R., etc) and should be used only in reporting special transportation of handicapped children to regular classes (or) transfer students.

1. Name of transporting party contracted _____

2. Pupils are being transported to (Special/regular) _____class (type of class such as: Educable Mentally Retarted, Physically Handicapped, etc.)

3. List names of pupils. Receiving Corporation Name of Teacher

4. Amount per pupil per day paid transporting party _____

THE UNDERSIGNED CERTIFY TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THAT 1.) a legal written contract or contracts between this School Corporation and the person or company transporting children is on file in the office of the Superintendent of Schools, 2.) the person or persons actually transporting these children hold(s) an Indiana public passengers license. 3.) The contracted party carries property damage and public liability insurance as provided by Chapter 108 of the Acts of 1955, and 4.) The transportation claimed under the agreement will not also be claimed under regulation transportation reimbursement.

_____
City or County Superintendent

NOTE: If the child being transported is not enrolled in a special class, submit medical and psychological information on that child.

REIMBURSEMENT
(GOES OUT IN JUNE)

FORM 24

REPORT OF SPECIAL CLASSES

Submit as soon after the close of the school year as possible BUT NO LATER than June 15.

If this Form 24 is being submitted by an authorized administering school corporation for a joint service and supply program, please list all participating school corporations below.

School Corporation _____

Superintendent _____

School Corporation _____

Superintendent _____

School Corporation _____

Superintendent _____

School Corporation _____

Superintendent _____

School Corporation _____

Superintendent _____

School Corporation _____

Superintendent _____

SCHOOL CORPORATION _____ COUNTY _____

SCHOOL ADDRESS _____ SCHOOL YEAR 19___-___

CITY _____ ZIP CODE _____

State of Indiana County _____ City _____

The undersigned certify this report is true in every particular; that prior approval has been received by the school corporation from the Division of Special Education for all pupils, classes, and programs; that they have an open file for inspection by proper authorities, a separate financial record in detail of all reimbursable expenditures made for special class work; and all programs and classes were operated in accordance with the provisions of Rule S-1 of the Rules and Regulations of the Commission on General Education.

Signed _____ _____

School Official — Trust. or Treas.
(INDICATE WHICH)

County or City Superintendent
(INDICATE WHICH)

Subscribed and sworn to before me this _____ day of _____ 19 _____

_____
Notary Public

(SEAL)

My commission expires _____ 19_____ .

FILL IN COLUMNS 1, 2, AND 3 ONLY			1 NO. OF TEACHERS	2 ENROLL-MENT	3 TEACHERS' SALARY	4 REIMBURSED COST	5 TOTAL REIMBURS COST
SPECIAL CLASSES	(C)	Classes for Crippled Children					XXXXXXXX
		Transportation					
	(PS)	Classes for Partially Sighted Children					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
	(B)	Classes for Blind Children					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
	(EMR)	Classes for Pre-Primary EMR Children (Ages 5-6)				XXXXXXX	XXXXXXXX
		Classes for Primary EMR Children (Ages 6-9)				XXXXXXX	XXXXXXXX
		Classes for Intermediate EMR Children (Ages 9-13)				XXXXXXX	XXXXXXXX
		Classes for Junior High EMR Children (Ages 13-16)				XXXXXXX	XXXXXXXX
		Classes for High School EMR Children (Ages 16-21)				XXXXXXX	XXXXXXXX
		Combination Classes for EMR Children (Ages 6-12)				XXXXXXX	XXXXXXXX
		Combination Classes for EMR Children (Ages 13-21)				XXXXXXX	XXXXXXXX
		TOTAL SALARY - EMR					
		Transportation - EMR _____ days @ $2.00			Cost-		
		COMBINED TOTAL					
	(TMR)	Classes for Trainable Mentally Retarded Children					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
	(D)	Classes for Deaf Children					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
	(E)	Experimental List Type of Class					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
	(ED)	Emotionally Disturbed					XXXXXXXX
		Transportation _____ days @ $2.00			Cost-		
THERAPY	(S)	Speech and Hearing					
	(PT)	Physical Therapy					
	(OT)	Occupational Therapy					
SPECIAL ADMIN.	(DSE)	Director of Special Education	XXXXXXX	XXXXXXX			
	(SSE)	Supervisor of Special Education	XXXXXXX	XXXXXXX			
TRANS.	(T)	* Special Transportation ____ days @$2.00	XXXXXXX		Cost-		
HOME INSTRUCT.	(HB)	Homebound Instruction					
	(TEL)	School-Home Telephone	XXXXXXX				
PSYCH.	(P)	Psychological Services	XXXXXXX	XXXXXXX			
COLUMN TOTALS							Before Prorating
** PRORATED REIMBURSEMENT			XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	

* Transportation of legally transferred students to a special class in another corporation and/or handicapped students transported to a regular class.

** Amount of check. This will be a percentage of Total of Column 5.

Names of Teachers, Therapists, Administrators, etc.	Type C, B, etc.	Total Salary for Sp. Ed.	HB only		
			Total Aggre. Hours	Rate Per Hour	Total Cost

Names of Teachers, Therapists, Administrators, etc.	Type C, B, etc.	Total Salary for Sp. Ed.	HB only		
			Total Aggre. Hours	Rate Per Hour	Total Cost

AUDIOLOGICAL EXAMINATION

(When completed, please return to the Division of Special Education, Indianapolis, Indiana 46204)

NAME_____Born: Month_____Day_____Year_____
Parent or Guardian_____
Address_____

Pure Tone Audiometry Response: G___F___P___ Reference ISO 64___Other___

		125	250	500	1000	2000	4000	8000
R	BC							
	AC							
R	BC							
	AC							
Field								

Response Method
Standard_____
Play _____
Peep Show____
Distraction____
ERA _____

Speech Audiometry Live Voice_____Record_____Tape_____

	Right	Left	Both	Field	Aided
Threshold BC					
AC					
Discrimination					

SRT __ __Numbers
Awareness__ __Spondees
Detection__ __Other

PB_____PBK_____
Other_____

Hearing Aid: Make_____Model_____Receiver_____Ear: R_L_Both_

Please give your opinion as to the benefit received from this instrument.

_____

Comments and Audiological Recommendations:_____

_____

_____
Examiner

_____
Position

_____
Date of Examination

_____
Address

SUGGESTED MINIMAL STANDARDS FOR FACILITIES AND HOUSING OF SPECIAL EDUCATION PROGRAMS

In recognition of present and future innovative concepts in educational architecture and special education programming, the following standards are subject to waiver after written approval is secured from the Division of Special Education, DPI, by the school corporation. Variance from these minimal standards will be granted by the Division of Special Education after justification for the variance is presented by the school corporation to the satisfaction of the Division of Special Education.

I. General Specifications

A. Special Education Classroom Units

1. All full-time special education classroom units, with the exception of classes for the trainable mentally retarded, shall be located in buildings which primarily house non-handicapped children and which meet appropriate state standards.

2. All full-time special education classroom units, with the exception of classes for the trainable mentally retarded, shall be located in the elementary, junior high, or secondary school appropriate to the age level of the pupils enrolled.

3. Size - approximately 50 to 60 square feet per student or approximately 900 square feet for an average sized class of 15 pupils.

4. Classroom units shall meet the standards for a regular academic classroom unit.

5. Emphasis should be placed upon:

a. A special area for craft work, recreation, and rest
b. Bulletin board and blackboard space
c. Adequate electrical outlets

B. Special Education Units for Itinerant and Resource Programs

1. Size - approximately 200 square feet.

2. A specific location to be used exclusively by the itinerant or resource program during the time scheduled.

II. Specifications for the Hearing Impaired

A. Deaf

1. Each unit shall be acoustically fitted with carpet, drapes, acoustic tile, and auditory training systems.

2. Each unit shall be equipped with some alarm system of flashing fire lights, used to alert students.

3. Each preschool through primary unit shall be equipped with an observation window or observation area, so that parents and visitors may observe without interrupting the class.

B. Hard of Hearing

1. Located in a relatively quiet area.

2. Artificial lighting level - 60-75 foot candles

3. Acoustical treatment of ceiling, doors, and walls; ideally draperies and carpeted floors.

4. Units shall be fitted for auditory training systems.

5. One 3' x 5' (approximate) mirror mounted on wall at appropriate height for pupils.

CERTIFICATION FOR TEACHERS OF THE DEAF

Rule 44 of the Teacher Training and Licensing Commission was promulgated on March 28, 1962. This rule provides new certification patterns for all teaching areas. Six basic certificates will be issued to cover the various positions in the public schools of Indiana. These certificates are:

A. The General Elementary School Teacher Certificate
B. The Junior High School Teacher Certificate
C. The Secondary School Teacher Certificate
D. The Nonconventional Vocational Teacher Certificate
E. The School Service Personnel Certificate, and
F. The School Administrator and Supervisor

The auxiliary, subject matter or special area of preparation will be endorsed on the appropriate basic certificate.

Requirements for Endorsement for Special Class Teachers of the Deaf:

A minimum of twenty-four (24) semester hours of credit including:

1. Teaching Speech to the Deaf
2. Teaching Language to the Deaf
3. Methods of Teaching Elementary School Subjects to the Deaf and Hard of Hearing
4. Guidance and History of Education of the Deaf
5. The Auditory and Speech Mechanism
6. Audiometry, Hearing Aids, and Auditory Training
7. Student Teaching with Deaf Children

M.

INDIANA STATE HEARING COMMISSION

Dr. M. D. Steer, Distinguished Professor
Audiology and Speech Sciences
Purdue University
Lafayette, Indiana
Chairman of Commission

Dr. Francis Sonday, Director
Audiology and Speech Clinic
Indiana University Medical Center
Indianapolis, Indiana

David E. Brown, M. D.
1944 East Ohio Street
Indianapolis, Indiana

William J. Wright, Jr., M. D.
5506 East 16th Street
Indianapolis, Indiana

Mr. John J. Loughlin
State Superintendent
of Public Instruction
State House, Room 229
Indianapolis, Indiana

Commission Address c/o:

Dr. M. D. Steer, Distinguished Professor
Audiology and Speech Sciences
Purdue University
Lafayette, Indiana
Chairman of Commission